

DULUTH, MN (86,164 population)

 19 focus groups

 336 community members

 75 partnering organizations

GUIDING PRINCIPLES

1. Collaborate towards solutions with multiple stakeholders (e.g. schools, worksites, medical centers, public health) to improve community health.
2. Build trust through collaboration with community members experiencing health disparities.
3. Prioritize sustainable evidence-based efforts around the greatest community good.
4. Create clear, specific, realistic, and action-oriented goals to improve priority health indicators.

Mental Health



Percent of adults who reported having depression.

Youth Substance Abuse



1 out of every 3 students in 11th grade reported smoking e-cigarettes.

Food Insecurity

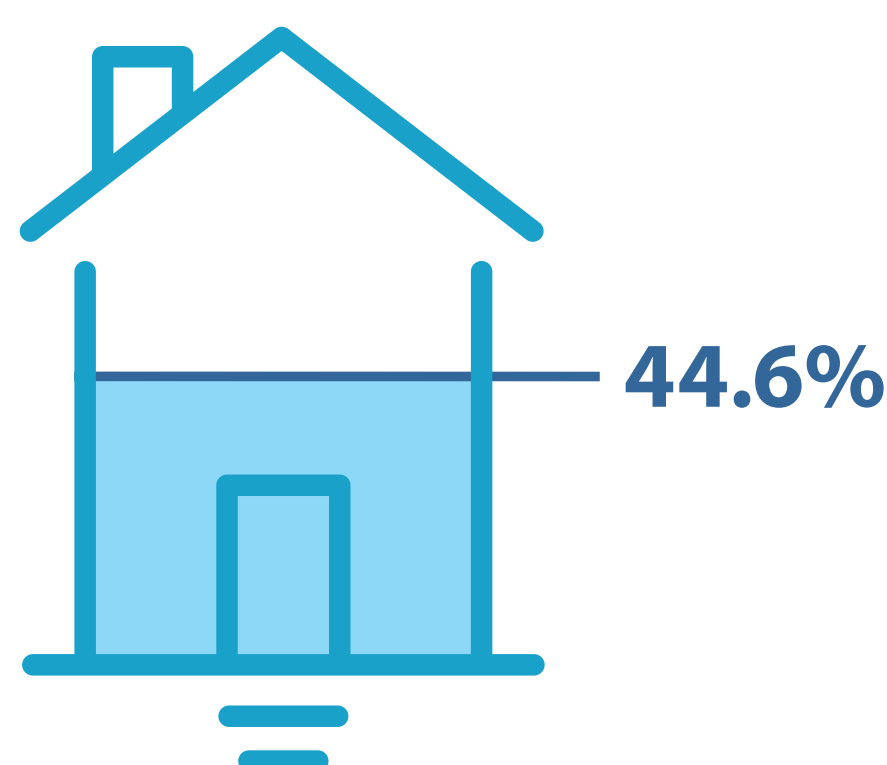


Duluth

Percent of adults who reported often feeling worried about running out of food.

Food Insecurity

Goal: People of Duluth have access to and consume healthy foods.



In St. Louis County, 44.6% of households with children under the age of 18 report participating in the Supplemental Nutrition Assistance Program.



Duluth



Hillside Neighborhood

Percent of adults who reported often feeling worried about running out of food.

STORY BEHIND THE DATA

Improvement factors:

- Overall, there are small improvements happening to increase access
- Farmers markets, school-based food programs, food shelves, etc.
- Addressing transportation barriers through public transit, community events, delivery options, increased number of bike routes, etc.,
- Strong community led efforts for change
- Hosting regular community meals
- Increased education through classes, school, CHUM, and awareness
- Connection with public health for ongoing care (building relationships)

Limiting factors:

- Overall cost of food is high
- Jobs/wages/income inadequate
- Lack of access, geographic access
- Lack of knowledge about resources, how to produce food, where to buy
- Transportation barriers
- Long winters, decreased growing season
- SNAP funding affected by government shut down

WHAT WE ARE GOING TO DO

Strategy #1: Make food more affordable and accessible

Strategy #2: Develop a community approach to screening for food security, connecting people with food insecurity with resources and supports

Strategy #3: Increase healthy food consumption of the youngest

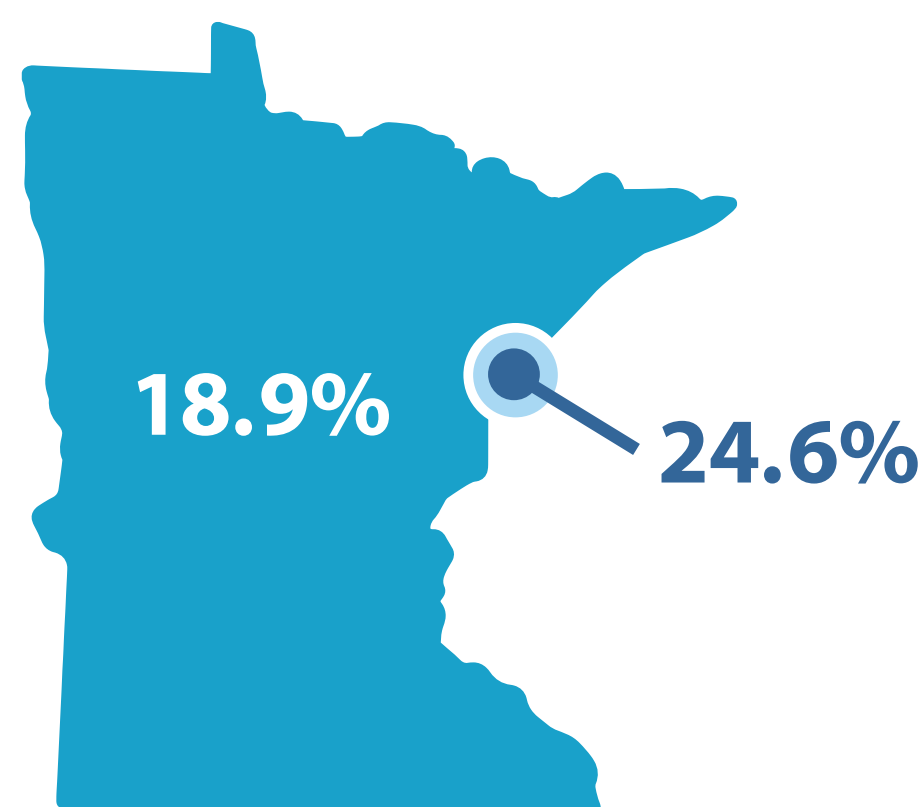
Strategy #4: Increase access to fresh/healthy food by increasing availability of healthy food retail in underserved areas and improving transportation equity and connectivity to retail

Learn more
bridginghealthnorth.org

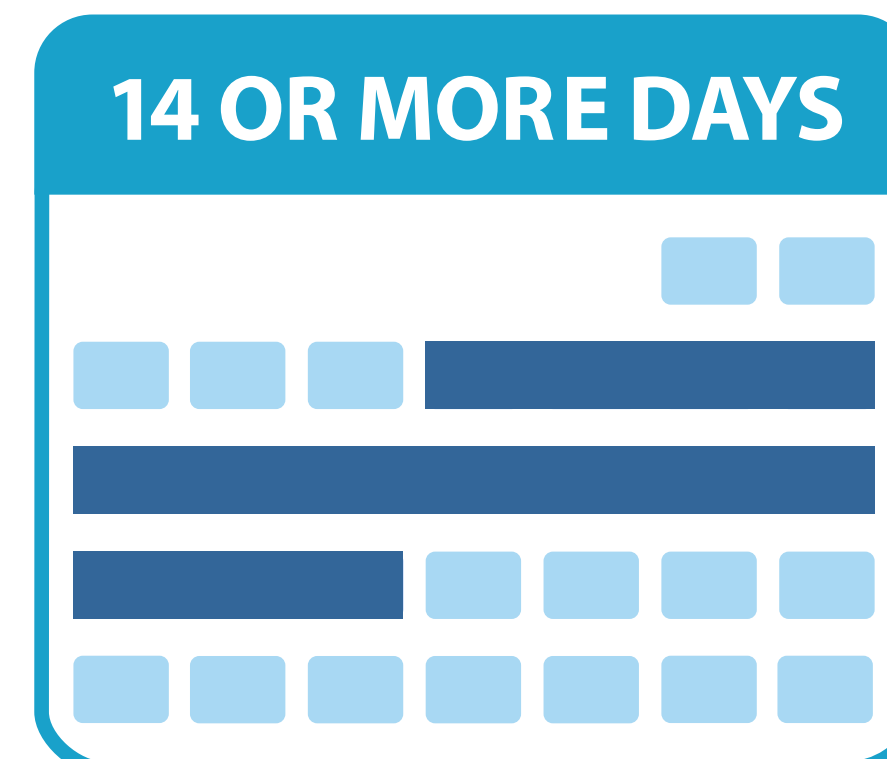
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Mental Health

Goal: Youth and adults in Duluth experience mental wellbeing and resilience.



Percent of adults who reported having depression.



In Duluth, 10.6% of adults reported that their mental health has not been good for 14 or more of the past 30 days.

STORY BEHIND THE DATA

Improvement factors:

- Increased access to care
- Universal screening
- Awareness campaigns to reduce stigma
- Lower stress via social support, family knowledge/education, medication/therapy combination

Limiting factors:

- Limited access to care
- Higher stress
 - ♦ Work (social service/healthcare, public safety, veterans)
 - ♦ Minority stress
 - LGBTQ
 - Racism
 - ♦ Poverty (debt, economy, housing, limited resources)
 - ♦ Youth
 - Social pressures
 - Awareness
 - Bullying (social media)

WHAT WE ARE GOING TO DO

Strategy #1: Support safe care transitions and create organizational linkages (formal referral protocol, rapid referrals, interagency agreements, follow-up contacts)

Strategy #2: Improve response to individuals in crisis (hotlines, mobile crisis teams, walk-in crisis clinics, peer-support programs)

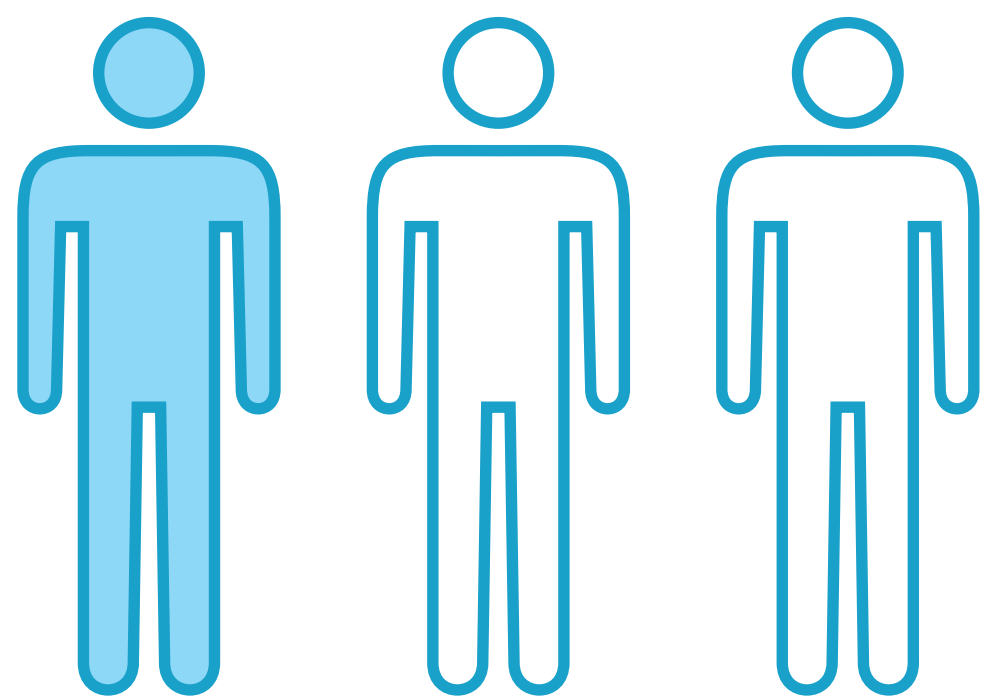
Strategy #3: Adopt trauma informed care models in schools and health care

Learn more
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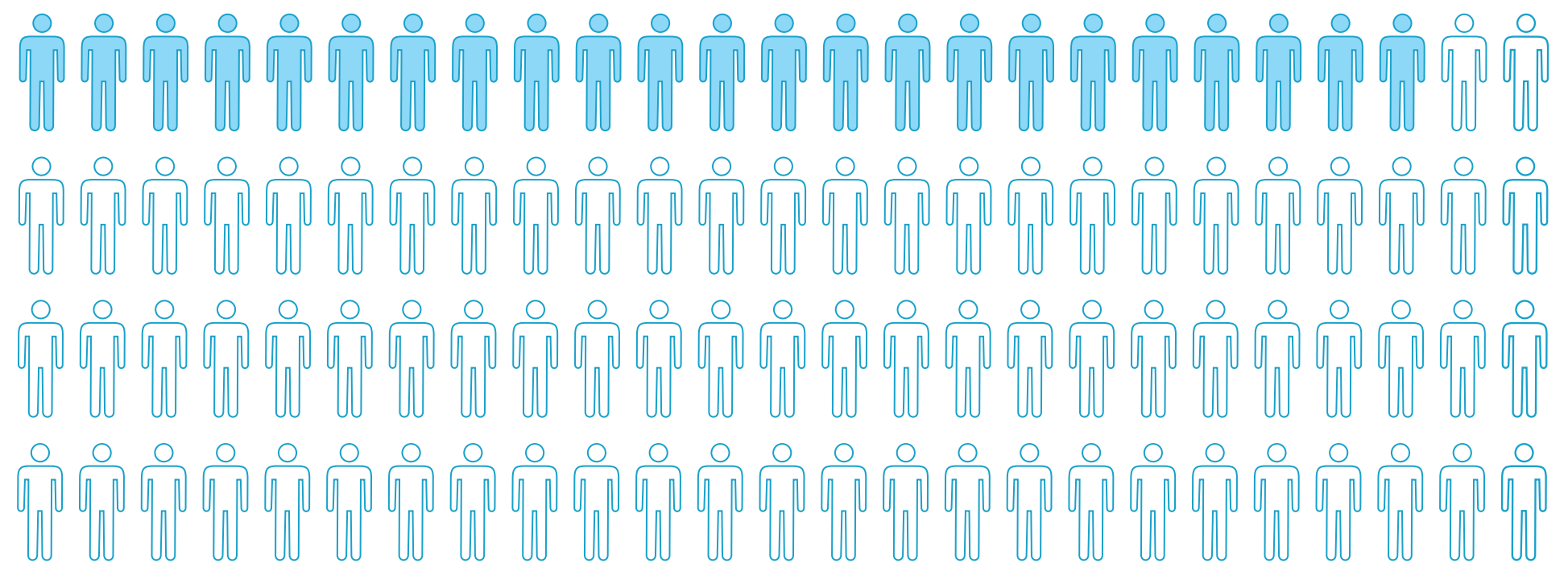
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Youth Substance Use

Goal: All Youth in Duluth are substance free.



1 out of every 3 students in 11th grade reported smoking e-cigarettes.



23% of 8th graders believe there is little or no health risk in smoking.

STORY BEHIND THE DATA

Improvement factors:

- Tobacco control policy changes, e.g. Tobacco 21
- Awareness: education in schools, marketing for anti-tobacco lifestyles
- Peer advocated anti-tobacco pledges
- Deterrents: cost, smell, personal experiences, physical impacts
- Starting to make it more detectable
- Alternative coping methods
- Peer-to-peer support

Limiting factors:

- Marketing, social media, peer influence
- Disconnect between the look and the product harm
- Use of tobacco products becoming more socially acceptable
- Low perception of harm
- Curiosity for both teens and adults
- Normalization of marijuana
- Lack of education and family support
- High exposure to tobacco products

WHAT WE ARE GOING TO DO

Strategy #1: Share evidence-based, factual information with community stakeholders that informs public policy decisions at the state and local level (may include topics such as Tobacco 21, flavored tobacco, smoke-free environments, etc.)

Strategy #2: Implement a broad-based education campaign via mass media, and school-based and peer-based education

Strategy #3: Promote/enhance youth-based tobacco cessation interventions and resources

Learn more
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